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## BIB DATA SHEET

CONFIRMATION NO. 5994

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO.                                       |                     |                           |
|---|---|--|-------------------------|--|---------------------|---------------------------|
| 10/564,191  | 05/22/2006  | 424  | 1612                    | PB60385USw   |                     |                           |
| <b>RULE</b>   |   |  |                         |  |                     |                           |
| <b>APPLICANTS</b><br>Michael John Monteith, Stevenage, UNITED KINGDOM;<br>Marian Thomas, Ware, UNITED KINGDOM;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/07666 07/08/2004<br>which claims benefit of 60/505,415 09/23/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0316341.7 07/11/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>07/18/2006 |   |  |                         |  |                     |                           |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b> | <b>SHEETS DRAWINGS</b>                                       | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| Verified and /NANNETTE HOLLOMAN/  | Examiner's Signature  | Initials                                     | UNITED KINGDOM          | 0  | 14                  | 4                         |
| <b>ADDRESS</b><br>GLAXOSMITHKLINE<br>CORPORATE INTELLECTUAL PROPERTY, MAI B482<br>FIVE MOORE DR., PO BOX 13398<br>RESEARCH TRIANGLE PARK, NC 27709-3398<br>UNITED STATES  |   |  |                         |  |                     |                           |
| <b>TITLE</b><br>Pharmaceutical formulations comprising magnesium stearate   |   |  |                         |  |                     |                           |
| <b>FILING FEE RECEIVED</b><br>1230  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                         | <input type="checkbox"/> All Fees                            |                     |                           |
|   |   |  |                         | <input type="checkbox"/> 1.16 Fees (Filing)                  |                     |                           |
|   |   |  |                         | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                     |                           |
|   |   |  |                         | <input type="checkbox"/> 1.18 Fees (Issue)                   |                     |                           |
|   |   |  |                         | <input type="checkbox"/> Other _____                         |                     |                           |
|   |   |  |                         | <input type="checkbox"/> Credit                              |                     |                           |